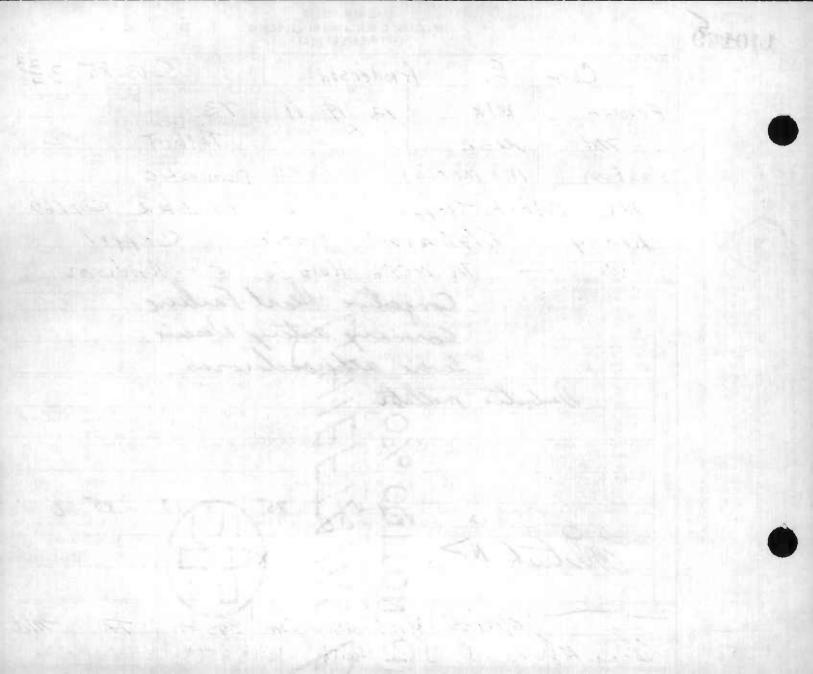
300838 Engray Propert Region Lagrange

(VRA 15, 4)



DHMH - 16 50M 4/B3 (VRA 15, 4)

STORES

Former Lysins Sept. 5, 1900 84

Former Lysins J.

I ant Ingineer Food Proc.

Ingryland Geroline Denton w Alo andolon St. 21629

Herry Joseph Bruserer Harr S. Vyett

No 214326275 Ars. Jereline Sampergor, Benton, as

Burial 5/3/85 Denton Cemetery Jenton Daroline

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148104	1.	FOR STATE REGISTRAR			DEPA	ARTMENT OF H	OF MARYLA EALTH AND A ICATE OF D	NENTAL HYGI		, NO.	3 2	
. e-		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST		20 DATE OF DEATI		DAY YEAR	26 HOUR
deor deor			JOHN		NETH	BLAK				5	21 85	4:15A
free p	3. SE			RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONINS DAYS	IF UNDER 24 HRS HOURS MIN,
1 15	100	male		cauca		9	13	09	75	YRS		
《器户约2	7a Bi	RTHPLACE (STA	TE OR FOREIGN	Th CITIZEN OF	WHAT COUNT	RY? 8.	NEVER M	AARRIED -	9 BALTIMORE CIT	700	TY OF DEATH	
3 17 60		arylan		USA		WIDOWE	D DN	ORCED [Talbo			MD.
1 11/10	10 C	TY OR TOWN O	FDEATH	(IF NOT IN SUC	H FACILITY, GIVE S		R OTHER INST	ITUTION	120 USUAL OCCUP	ST OF WORKING	LIFE) INDUSTRY	F BUSINESS OR
1 33080	-	Easton			oundar		, East	ton	Bus Dri	ver		1-Boar
y filled in hould be	13a. 5 Ma	ryland	F NURSING HOME OR COUNTING TALL	TY	13c. CITY OR		YES X	NO []	13e STREET ADDRES		DE	lucation 1601
ompletely ond 2 s	1	John		oster	B1al		Al	maiden nam	MIDDA	2	Morr	is
nd co	16n V	AS DECEASED	EVER IN U.S. ARA	MAR OR DATECT		SECURITY NO.	17 INFORMAL			DRESS		
S. Po		NO OR UNKNOW			213-01	L-8276	Helen	Mae E	lake s	ee 13		
e de la companya de l		18 CAUSE OF I	DEATH (Enter only TH WAS CAUSED	y one couse per	line for (g), (b	, and (c;)		0,			BETWEEN C	MATE INTERVAL ONSET AND DEATH
4000		FARTI. DEA	IMMEDIATE		CIVEC	NIC	OBSI	R. PL	Lnoway	1 Emph	45 CH H	15755
quires that the death, igned by the attending the please comove cor to buriol, cremation, a quiry, or other traumoit	NO		immediate stating the couse lost	(b)	R AS A CONSE	EOUENCE OF	NOT RELATED	TO THE TERMI	nal disease or c	ONDITION C	GIVEN IN PART 110	,
11117	¥	190 DATE OF OF	PERATION	19b. COND	ITION FOR WH	HICH OPERATION	N WAS PERFOI	RMED	20a AUTOPSY?	20b. IF Y	YES, WERE FINDIN	IGS USED
1 18162	E S								YES T NOT		TIFYING CAUSES	OF DEATH?
CLAN The CLAN The Control of Change	TAL CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CO	21b. TIME C HOUR A.	M. MONTH	DAY YEAR	21c HOW IN.	JURY OCCURR	ED (ENTER NATURE OF	6		
ortention ortention to the ber tand Me	MEDICAL	21d. INJURY OC	CURRED	21e PLACE (AT HOME, STE	OF INJURY PEET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATIO	N	CITY O	RTOWN	COUNTY	STATE
TENDIN order of the order of Health		220.1 certify the	ot (I) (this hospite	5-1	7		d that in (my)	(aur) opinion d	, to	Z / e dote and h	out and from the	that (I) (we) lost
No.	18	22b. SIGNATUR	wa) (did not E	view the body	ofter deoth.		DEGREE				22c. DATE	
0 1 0 80 2			Starton	01	Jan.	- Kin		TTENDING PHYSICIAN TO	MEDICAL S	TAFF	5-2	4-85
TA PART A	1	22d. PHYSICIAN	I'S NAME III OR	PRINT)	6	7	22e ADDRESS		CCCTORED FILE	O.C.IAI .		
MPOR			en P. C						s Lane,	East	on, Md.	21601
D.D.	23a E	URIAL, CREMAT SPECIFY) Surial	ION, REMOVAL	236. DATE 5-23-		Spring		REMATORY	Easton	т	alböt	Mď.
BP	1	ourtai		17-43-	07	Shrring	TITI		Laston	1	albot	TIC.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Newnam Funeral Home

Easton, Md.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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rithrote be executed within 24 hours offer death. Page 4 may be	g physician and empeter the little in the funeral director, page 3 on papers. Pages form 2 shares ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		REGISTRAR				CERTIF	ICATE OF D	EATH	R	EG. NO.			
		CEASED NAME	FIRST	,	AIDDLE	L	AST		20. DATE OF DEA		DAY YEAR	2b. H	
	ITYPE	OR PRINT)	Mari	e	٤.	Bou	ulden	- 23		April	29 84	1	200 W
	3. SE	X	,	4 RACE		5. DATE C			6 AGE (IN YEARS	AST BIRTHDAY)	MONIHO DAY		DER 24 HRS
	1	Fenns 1		B/ /X		MONTH	27	20	64	YRS.	MONINS	HOUR	RS MIN.
7	Za Bi	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	NEVER M	ARRIED [9 BALTIMORE	ITY OR COUN	Y OF DEATH		
1		Md		185	A	WIDOWE		ORCED		Tal bet			MD.
6		ITY OR TOWN OF	DEATH		HOSPITAL, NU	JRSING HOME C	R OTHER INSTI	TUTION	120 USUAL OCC				INESS OR
Ö	~	Easton		Mem		4050	ital		Dam	restic			
1	n201	AL RESIDENCE (IF	13b COU		13c. CITY OR		134 INSIDE CIT	Y LIMITS?	13e STREET ADD	RESS/ ZIP CO	DE 211	100	
		ma	TA	bot	80	ston		NOX	Hase	1.#/	Ba	160	20
	14 FA	ATHER'S NAME		WIDDIE	LAST		15 MOTHER'S	MAIDEN NAM	E MI	DDIE	11	AST	
=)	140 0	VAS DECEASED EN	P AFRING AF	Br	100 K	SECURITY NO.	17 INFORMAN	10	, 0	P.SHIP	105		
1		YES, NO OR UNKNOWN		E WAR OR DATES)	1100 SOCIAL	11.59UM	17 INFORMAT	Laur		BO	1 don		
		18 CAUSE OF DE	ATH Enter of	lu ano sauro nos	lung for to 1 fb	6.0110	M. (1)	VOOV	15	, can	APPRO	XIMATE IN	NTERVAL AND DEATH
	1		H WAS CAUSE	D BY:	Lande	uciós &	Lateria	sden	tre Hom	Desens	o Vo	N ONSET	AND DEATH
			IMMEDIA	TE CAUSE (o)	//	reduction or	ATTA CE	1	1100		0		
		Conditions, if a	ony, which	DUE 10, Q	Sic ho	EQUENCE OF	Mallit	116			Us	1.	<
		gove rise to couse (o), st	immediate		AS A CONS	EQUENCE OF	,	4 3			1		
	O.		ouse lost.	(c)	AS A COITS	EGOLINCE OF							
		PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	O THE TERMIN	NAL DISEASE OF	CONDITION G	IVEN IN PART	1101	
	ō.												
1	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY		ES, WERE FINE		
	RTIF								YES NO		YES	NO	
1		210. ACCIDENT WAS	_	110110 4		DAY YEAR	21c. HOW INJ	URY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2		
	CAL	(IF EITHER NOTIFY	MEDICAL EXAMINE	P.,		19							
	MEDICAL	21d INJURY OCC		21e PLACE		FICE FARM, ETC.)	211 LOCATIO	4	CIT	Y OR TOWN	COUNTY		STATE
		AT WORK AT	WORK WHILE										
		220. I certify that	t (1) (this hosp eosed olive on		e deceosed fr		Lat. A te des A d	. 19					l) (we) lost
	100	obove (I) w	e (did) (did no	t) view the body	ofter deoth.			our) opinion de	eoth occurred on	the dote and he	-	e couses	stoted
		22b. SIGNATURE	In	Store	t m	0		TENDING _	MEDICAL	STAFF X	427	23/	G
_		22d. PHYSICIAN'S	NAME LEYPE	OR PRINT)	,		122e ADDRESS		DIRECTOR	HYSICIAN	1/-	2/6	13
	111	Da	vid	A. Sto	ut							'	
	23a. B	BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	/ 1	23c. NAME OF C	EMETERY OR C	REMATORY	23d. LOCATIO				
	1	Not Clevi		4/26	180	545	to110.	7	CAS	Fess	YTHUOS	_	and.
	24 FL	UNERAL DIRECTO		1100	77.5		100	25a. DATE	REC'D. BY REGIS	TRAR 256. REGI	STRAR'S SIGN.	ATURE	11/0
		NAME DA	shiell	Funeral	Home	Ess East	bM no	216014	M - 4	P 1.	. N. 11	The	do ou

The state of the s The state of the s the sign of the state of the st DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

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5	6-1	3	4

1	- STATE REGISTRAR			CERTIF	CATE OF I	DEATH		REG. N	0.			
	CEASED NAME FIRST		MIODLE	14	AST		20 DATE OF	DEATH	MONTH	DAY	YEAR	2h HOUR
	DOLOI		D.	BROOK!				5.15	5	2	85	4:55P
3 SE	X	4. RACE		5. DATE O	F BIRTH DAY	YEAR	6 AGE IN YE	ARS LAST BIR	THDAY)	MONT.	HOER I YEAR	IF UNDER 24 HRS HOURS MIN.
f	emale	caucas	ian	5	74	1895	89		YRS			
	IRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY	? 8	□ NEVER		9 BALTIMOR	E CITY O	R COUN	TY OF	DEATH	
	COUNTRY)	USA		WIDOWE		NORCED T	Tali	oot				ME
18 0	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME O		TITUTION	12a USUAL O	CCUPAT			2b. KIND C	F BUSINESS OR
	ston	William	n Hill He	ealth (Care Ma	nor	Hous	sewi	te			12 67
13a	STATE 13 COU	VTY	130 CITY OR TO	WN	13d. INSIDE C	NO X	13e.STREET A	DDRESS .	ZIP CO	oDE and	W./	21638
	ATHER'S NAME	MIDOLE	LAST	VIII I	15 MOTHER	SMAIDENNA		WIDDIE	110			
1		enry	Dudle	y	M	ary	A1:	ice			Moor	e
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMA	INT		ADP	rsor	ı İs	land	West
1	NO NO UNKNOWN) (IF YES, GIV	YE WAR OR OATES)	484-28	-2936	Bill:	ie B.	Lloyd					
	18 CAUSE OF DEATH (Enter or	nly ane cause per	line for (a), the a	indice 9							APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	101	enr tiz	70							
	WWW.EDW		R AS A CONSEQU	HENCE OF	34 1		11					
	Conditions, if any, which	((b)	Core	5000	Escula	w mis	affizie	econ.				
	gave rise to immediate couse (a), stating the	DUETO	R AS A GONDEQ		1 1	4	1)	1	-			
	underlying cause last.	(6)	Van	ente	· ·			0		XE.		
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	NNAL DISEASE	OR CON	DITION	GIVEN I	N PART 1	0
No				371								
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHIC	H OPERATION	WAS PERFO	RMED	20a AUTO	PSY?	20b. IF	YES, WE	RE FINDI	NGS USED
Ē		1000					YES 🗌	MON	IN CER	YES []	OF DEATH?
E. E.	210. ACCIDENT WAS UNDERLYING	216. TIME C		DAY VEAD	21c HOW IN	JURY OCCUR	RED (ENTER NAT	URE OF INJU	RY IN ITEM I	8 PART 1	OR PART 21	
	OR CONTRIBUTING CAUSE OF DE			DAY YEAR								
MEDICAL	216. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATIO						COUNTY	STATE
3	WHILE NOT WHILE	(AT HOME STE	REET, FACTORY, OFFICE	FARM, ETC.)	STREE	115		CITY OR TO	WN		COUNIT	STATE
	220.1 certify tho (1) this hosp	tal) attended th	e deceased from	_		19 83	, to	5/6		. 19_	25	that (1) (we) last
	saw the deceased alive on above (I) (we) (did) (did no	A	1 49 200	1/2	d that in my	(our) opinion	death accurred	on the d	ote and h	out and	d from the	causes stated
1	22b SIGNATURE	IT VIEW The body	affer deaffi.		DEGREE		N. C.				22c DAJE	SIGNED
	///	4190	11/2	1.		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA			50	7.75
1	226. PHYSICIAN'S NAME (TYPE C	OR PRINT)	1		22e ADDRES		J DIRECTOR L		.IAN L			- 01
	MATO	(1h	20/24			6	ston	1	10			
230	BURIAL, CREMATION, REMOVAL	23b. DATE		NAME OF CE	METERY OF	CREMATORY	123d LOCAT	ION				
E	Surial	5-6-8	4		Cemet			RTOWN	St	ory	Y	Iowa

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

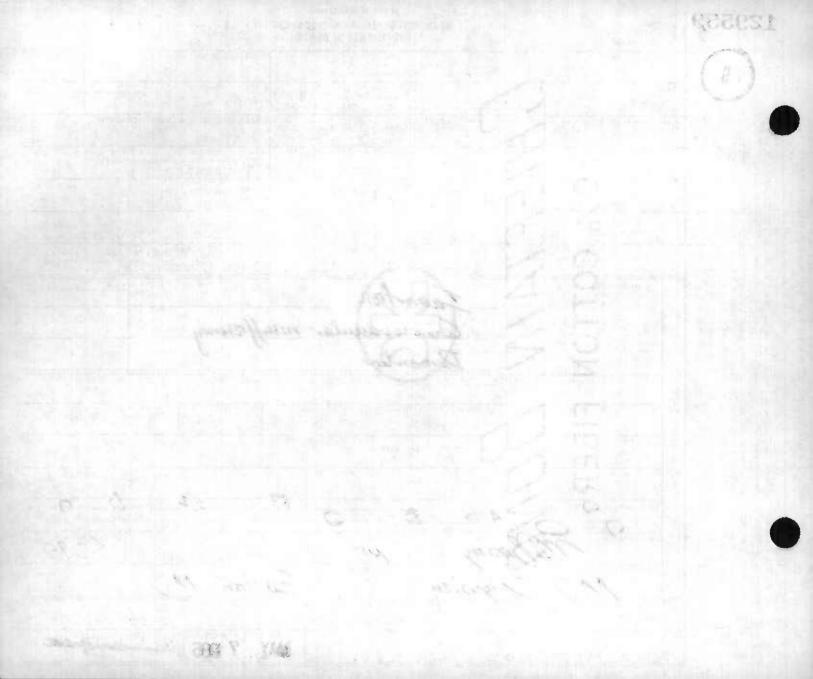
TO FUNERAL DIRECTOR. After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, cremation

IMPORTANT. If Item 21 is morked or Item 18 th

24 FUNERAL DIRECTOR Newnam Funeral Home

Easton, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND

1295583	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MUN CATE OF DEA	NTALAYGU	ENE 1 5	4 3	5 .	
2 () L		CEASED NAME FIRST	u	WIDOLE	Brou	C		20 DATE OF DEATH	MONTH 0A	- 8 7 2b	HOUR P
A od o	3 SE	x	4 RACE		5. DATE OF			AGE (IN YEARS LAST BI			NDER 24 HRS
A of the state of	I	male	caucas	ian	MONTH 5	23 DAY	05	79	YRS	MINS DAYS HO	URS MIN.
od all		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MAR		BALTIMORE CITY		F DEATH	
leoth leoth	100	rginia	USA		WIDOWED	DIVOR	RCED 🗌	(a/	hot		MD.
s offer	W.C	Easton		HOSPITAL, NURSIN HEACILITY, GIVE STREET	oita/	4	STON	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Supervi	OF WORKING LIFE)	126. KIND OF BUINDUSTRY Road M	
n 24 hou	13a Ma		ROTHER INSTITUTION NTY	BIVE RESIDENCE BEFORE 130 CITY OR TOW Easton	N	- 11	0 🗆	130.STREET ADDRESS 206 Stew		./2160	1
the state of	14. F.	ATHER'S NAME	WIDOLE	LAST		15 MOTHER'S MA		E MIDDLE		LAST	
D E 2			rton	Brow		Erna		Jane		Tinder	
oges oges			VE WAR OR OATES)	16b. SOCIAL SECU		17 INFORMANT		ADDR	ESS		
e be e con a		YES 11922	-1926	195-05-	0745 l	Miriam	Brow	m see	13e.	APPROXIMATE BETWEEN ONSE	
that the ateath certificate and by the attending physic phone cerbon poperate territory, or other traumatic event, the statement of the statem		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	ED BY: ITE CAUSE (b) DUE TO, O (b) DUE TO, O (c)	Acutu R AS A CONSEQUE R AS A CONSEQUE	ENCE OF	elaga.	THE TERMI	low fran	NDITION GIVE		no
The law requirement of the period for the period fo	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATION	I WAS PERFORM	ED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINGS NG CAUSES OF I	USED DEATH?
SK (AN oppose contribute contribu	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR		RY OCCURRE	D (ENTER NATURE OF IN)U	URY IN ITEM 18 PAR	TIORPART2)	
other than the thrond or the than the thrond	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE F		ZII LOCATION	III SE	CITY OR TO	NWC	COUNTY	STATE
TENDS or CITOR A For one of Health		22a I certify that (1) (this hosp saw the deceased alive or obove, (1) (wex.(did)) (did no		19 8		that in (my) (ou	ır) opinian d	, toeath accurred on the d	date and haur	,,	(It (we) lost es stated
TALOR S or the house detected one Dept.		276. SIGNATURE	Im BC	, 0	(cu	PHY	ENDING ISICIAN 🐔	MEDICAL STA		22c. DATE SIGN	VED
To HOSPIT Tollood by O FUNEE.		Stephen P		M.D.		22e ADDRESS Easto	on, Mai	ryland 21	601		
BP	В	BURIAL, CREMATION, REMOVAI (SPECIFY) 171al	236. DATE 5-6-8			metery or creamo:	rial	23d LOCATION CITY OF TOWN Easton		county Lbot	Md.
	74 F	UNERAL DIRECTOR					ZOO DATE	REC'D. BY REGISTRAF	TISB REGISTRA	AK'S SIGNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

Newnam Funeral Home

Easton, Md.

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Lucton, Haryland 21601

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AND A STANSON SECTIONS

STATE OF MARYLAN
27
DEPARTMENT OF HEALTH AND AN

CERTIFICATE OF DEATH

GIENE 1 5	2.0	3	6
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54	1.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	{TYPE	CEASED NAME ORPRINT)	MeLUi		e	Braun	20 DATE OF DEATH	MONTH DAY	1985	3 15
	3. SEX	and the second second	4. RA	Negro	5. DATE C		6. AGE (IN YEARS LAST BIL		NIHS DAYS	HOURS MIN
35		RTHPLACE (STATE OR I	FOREIGN 7b. C1	TIZEN OF WHAT COUP	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY		boT boT	~
18		EASTON		NAME OF HOSPITAL, N IF NOT IN SUCH FACILITY, GIVE	E STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Building	OF WORKING LIFE)	INDUSTRY	BUSINESS O
35	Ma	AL RESIDENCE (IF NURSTATE	Caroli	13c. CITY OI		13d INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS State Rt.		2166	0
5	1	Harvey	MIDDLE	Bro	wn	15. MOTHER'S MAIDEN N.	WIDDIE		Cart	er
1		VAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES GIVE WAR	OR DATES)	18 5420	Elsie Brow	n Ridg	ely, MI	2166	0
ent. th		18 CAUSE OF DEAT PART I. DEATH W		e cause per line force i, i	(b), and (c)	Failur	2		APPROXI. BETWEEN C	MATE INTERVAL MSET AND DEATH
6			IMMEDIATE CA	USE (o)						
ar other traumatic ev		Conditions, if any, gave rise to immorable (a), stating underlying couse	, which mediate ag the last.	DUE TO, OR AS A CON (b) CO DUE TO, OR AS A CON (c)	SEQUENCE OF		restate		34	lar
(Bity injury, or other troumatic e-	HCATION	gave rise to immore cause (a), stating underlying cause	, which mediate g the lost.	DUE TO, OR AS A CON (b) CO DUE TO, OR AS A CON (c)	SEQUENCE OF	NOT RELATED TO THE TER/		IDITION GIVEN 20b IF YES, V IN CERTIFYIN	VERE FINDIN	GS USED
In the fall injury, at other traumatic e-	AL CERTIFI	gave rise to immediate to immediate to static underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNION OR CONTRIBUTING	which mediate 19 the lost. NIFICANT COND TION 1 DERLYING 2 CAUSE OF DEATH	DUE TO, OR AS A CON (b) CONTRIBUTION (c) ON AS A CON (c) ON AS A CON (d) ON AS A CON (ISEQUENCE OF G TO DEATH BUT WHICH OPERATIO H DAY YEAR	NOT RELATED TO THE TER/	NINAL DISEASE OR CON 700 AUTOPSY? YES NO	206 IF YES, V IN CERTIFYIN YES [VERE FINDIN NG CAUSES	GS USED
rkea or mem. III shoen any artury, or other traumatic e-	五	gave rise to immediate to static underlying couse PART 2 OTHER SIGN	which mediate 19 the 10st. NIFICANT COND TION 1 CAUSE OF DEATH CALEXAMINER 2 RED 2	DUE TO, OR AS A CON (b) OR AS A CON (c) OR AS A CON (c) OR AS A CON (d) OR AS A CON (d	ISEQUENCE OF ISEQUENCE OF IS TO DEATH BUT WHICH OPERATIO H DAY YEAR 19	NOT RELATED TO THE TER/	NINAL DISEASE OR CON 700 AUTOPSY? YES NO	206 IF YES, V IN CERTIFYIN YES I	VERE FINDIN NG CAUSES	GS USED OF DEATH?
n 21 is markeid or them III who from injury, or other traumatic en	AL CERTIFI	gave rise to immediate to immediate to stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNION OR CONTRIBUTING 10 (IF EITHER NOTIFY MED) 21d INJURY OCCUR. WMILE NOTIFY MED) 22a I certify that (I) saw the decease above, (I) (well (E))	which mediate no the lost. NIFICANT COND TION DUE TO, OR AS A CON (b) CONTRIBUTION (c) DITIONS CONTRIBUTION (7) CONDITION FOR WARRING TO THE OF INJURY HOUR A.M. MONTH P.M. (1) PLACE OF INJURY	ISEQUENCE OF IS	NOT RELATED TO THE TER/ ON WAS PERFORMED 216 HOW INJURY OCCUP 216 LOCATION STREET 19 nd that in (my) (our) opinion	700 AUTOPSY? YES NO CITY OR TO	20% IF YES, V IN CERTIFY IN YES I	VERE FIND IN NG CAUSES 1 OR PART 7)	GS USED OF DEATH? NO STATE	
VI. If hem 21 is marked or them 18 share Day mury, ar other traumatic e-	AL CERTIFI	gave rise to immediate to immediate to static underlying cause PART 2 OTHER SIGN 9a DATE OF OPERA 21a, ACCIDENT WAS UNION OR CONTRIBUTING (IFEITHER NOTIFY MEDI AL WOOD AL WOOD 220 Certify that (I) sow the decease above, (I) (well (I) the country of the count	which mediate 19 the lost. NIFICANT COND TION 1 TON 1 CAUSE OF DEATH (CAL EXAMINER) RED 2 (Kthis hospital) o ed alive an did) (did not) view	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) DITIONS CONTRIBUTION P.M. P.M. P.M. P.M. CAT HOME. STREET, FACTORY CONTRIBUTION CONTRIBUTION ISEQUENCE OF IS	216 HOW INJURY OCCUR 216 LOCATION STREET DEGREE ATTENDING PHYSICIAN	700 AUTOPSY? YES NO CITY OR TO	20b IF YES, VIN CERTIFYIN YES [DIRY IN ITEM IB PART DWN 19	VERE FIND IN NG CAUSES 1 OR PART 7)	GS USED OF DEATH? NO STATE hat (I) (we) la	
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DHMH - 16 60M 7/B (VRA 15, 4)

John E. Boulais

Greensporo, MD

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BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL LEYGIENE CERTIFICATE OF DEATH

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1-	STATE REGISTRAR		DEFARIME		CATE OF DEATH	JIENE .	REG. N	0.		
1. DE	CEASED NAME FIRST	am "	NIDDEE	Co	POLZ	20. DATE OF D	5-	A33-	SS YEAR	26 HOUR DE
3. SE	Mala	1. RACE		S. DATE OF	BIRTH DAY YEAR 14 30	6. AGE LINYEA		YRS	INDER I YEAR	IF UNDER 2- URS HOURS MIN,
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORI	CITYC	R COUNTY OF	DEATH	MD.
10. 9	or town of DEATH		OSPITAL, NURSING HEACILITY, GIVE PIREET AD MOUD	DRESS)	OSDITO	TYPE OF WORK F			12b. KIND O INDUSTRY	F BUSINESS OR
13a S	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE AS 13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS? YES NO	136 STREET AC 143	DORESS	ZIP CODE	og chi	25/
-	THER'S NAME FIRST DOC 06	WIDDLE	Coppa	/	15. MOTHER'S MAIDEN NA	H.	WIDDLE	w	V19	nt
		MED FORCES? /E WAR OR DATES)	3/3 - 24.0	349	Pra-V	/	ADDŘ	Cop	PPY	,
	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR DUE TO, OR DUE TO, OR DUE TO, OR	AS A CONSEQUENT AS A CONSEQUENT	CE OF	Derotic	Rear	Que t du	No.] u	mate interval niset and death
ATION	190 DATE OF OPERATION		10	me		20a AUTOP		20b. IF YES, W		
CERTIFICATION		C TO STORY		T E WAT TO T		YES 🗌	NO []	IN CERTIFYIN	G CAUSES	OF DEATH?
MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.A	M. MONTH DAY	YEAR 19	21c. HOW INJURY OCCUR	RED (ENTERNATU	RE OF INJU	RY IN ITEM 18 PART	I OR PART ?)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY OFFICE, FAR		21f LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	220 I certify that (1) this hasp saw the deceased alive an above, (1) (we) did tid no 22b SIGNATURE		3		that in my (our) opinian EGREE ATTENDING	deoth accurred	STA	FF	22c. DATE	
	22d PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS	ox 29		East		Md, 2160
23e B	BURIAL, CREMATION, REMOVAL	23b. DATE 6/27/	85 B	ME OF CE	METERY OR CREMATORY	23d LOCAT	ION TOWN	ck °	OUNTY 10 04	STATE of
24 FU	UNERAL DIRECTOR NAME COLD DICTION COLD DIC	d	Suth	700	250 DA1	TE REC'D. BY REC	SISTRAR		S SIGNAT	7-1

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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- 1		REGISTRAR							REG. NO					
1		CEASED NAME FIRST	1	MIDOLE	t.	AST		20. DATE O	F DEATH	AONTH	DAY	YEAR	26 HOUR	
	TITPE	Ellen	Brown Clendaniel					Mav	1, 198		8:30 A.M.			
	3. SEX	(4 RACE	AUT III	5 DATE C	F BIRTH			YEARS LAST BIRTI			RIYEAR	IF UNDER 2	4 HR5
	Pe	emale	Cauca	gian	Mar		1902		83	VDC	MONTHS	DAYS	HOURS	MIN.
1	7g BIF	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY	? 8			9 BALTIMO	ORE CITY OF	YRS.	Y OF DE	ATH		
2	Dé	elaware	U. S.	A.		D NEVERA			Та	lbot				
-	-	TY OR TOWN OF DEATH		HOSPITAL, NURSI	WIDOWE NG HOME C		ORCED	120 USUAL	OCCUPATIO		12h	KINDO	F BUSINES	MD.
		Easton	(IF NOT IN SUC	n - The	T AOORESS)	Easto			RK FOR MOST OF		FE) IND	USTRY	atio	
	1	AL RESIDENCE (IF NURSING HOME OF				Easto	I.T.	reac	mer		1 12	uuc	BUL	311
9	130. S	TATE 136 COU		Dentor	WN	13d INSIDE C	ITY LIMITS?	13e STREET	ADDRESS / Fift	ZIP COD	eni Veni	16	216	29
Η	-	THER'S NAME				ella.	MAIDEN NAM							
Ø		John Cul	len B	rown		Ell	en.	Car	rter	H	lors	ey	9	
2		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SEC	URITY NO.	17 INFORMA	NT	7	ADDRE:		1			
4	No		/E WAR OR DATES)	219366	6839	Mrs.	Carte:	r Jun	ap. 0:	xfor	d.	Md		
1		IL CAUSE OF DEATH (Enter of	nly ane cause per	line for (a), (by, a	nd (c·)	0	0	-/	01.	0.10	\ B	APPROXI	MATE INTERV	AL DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Christopascular Misean C Ville CVD, Zmin												7
		DUE TO, OR AS A CONSEQUENCE OF												
	- 1	Conditions, if ony, which (b)												
		gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF												
		underlying cause lost	(c)	AS A CONSEGR	JENCE OF									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
	CERTIFICATION		rule	tes 1	lelles	tus								
1	CAT	190 DATE OF OPERATION	TION FOR WHICH	H OPERATIO	N WAS PERFO	RMED	206 AUTOPSY? 206. IF YES, W			S, WERE	FINDIN	GS USED	H2	
	17.				Miles Land Company of the Land			YES NO YES				NO		
5		210. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY M. MONTH D	DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTERN	ATURE OF INJUR	Y IN ITEM 18	PART I OR	PART 2)		
7	IA!	OR CONTRIBUTING CAUSE OF DE	S UT		19									
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	5 - Du - 5 - 5 - 1	211 LOCATIO	N		CITY OR TOV	/N	CO	UNTY	ST	ATE
	2	ORK NOT WHILE	IN HOME SIN	EET, FACTORY OFFICE	PARM, EIC J	200			-1.		-00	-		
		22s. I certify that (1) (this hosp	tal) ottended h	e deceased from.	a + 5	110	, 19	ta	>//		19_0	0	that (I) (w	re) last
		saw the deceased alive on the body after death, and that in (my) (aur) apinian death accurred on the date and haur cabove, (h) (we) (did) (fid not) view the body after death,										am the	causes sta	ted
		22b. SIGNATURE	044 11	,	0	DEGREE					22	DATE	SIGNED	
		W HWOODE J. MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										5/	2/8	3
		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	1	0	22e ADDRES	S		,		8-11			13.0
		WMA	Noc	s Q/		(=	ASTON	1 M	d		200			
		SPECIFY)	236 DATE	230.	NAME OF C	EMETERY OR	REMATORY	23d. LOC	ATION		COUN	TV	5.7	ATE
		Burial	5/4/8	35 0	reen	sboro	Cemet		reen	shor			line	MD
	24. FU	INERAL DIRECTOR		222004					REGISTRAR	Sb. REGIS				782
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DHMH - 16 60M 7/84 (VRA 15, 4)

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		OR PRINT)						~~~				OF	F211-	MON (X)			26 HOUR
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FIT	D. CIT	Y OR TOWN	OF DEATH	II. NAME	OF HOSP	ITAL, NU	RSING HON	E, OR OTH	ER INSTITU	TION		AL OCCU	PATION	(TYPE OF WO	RK 12h	KIND OF B	USINESS
2		Easto	n	Mem	oria ¹	LITY, GIVES	spital				HOII	Sew]	FA			OR INDUST	IRY
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		18 CAUSE O	F DEATH (Enter only	ane cause	e per line f	or (a), (b), and (c).)									APPROXIMAT	
		PARTIDE	ATH WAS CAUSED IMMEDIATE		Ce	rebr	al Hen	orrha	age								
KEWON	5					AS A CON	SEQUENCE	OF	110764	191-153		100		(- V F)-			7.00
			ns, if any, which se to immediate	1											5. 1		
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		lying cau	use last.	1 .											- 9		
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		UNDERLYING	OR	HC			DAY YEA	R	JW INJUKY	OCCURRE	D (ENIERN	IATURE OF IN	VURY IN ITE	M IS PART I OF	(PART 2)		
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	~	AT WORK	AT WORK														
		22a Loertii	fy that I took charge	of the rem	noins descr	ribed aba	ve held co	Head	J Only	Y		Inquiry		and in my			1
		death results		course.	900	Accident	F 1	ricide	Homic						opinior		
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1		SIGNATURE,	/100	7	X	-		M	D. ASS1	stant	MEDI	CAL EXAM	MINER		NED_	3-3-8	5
2	1	EXAMINER'S	NAME Ann	M. D	ixon.	M.D				111 P	enn .	St.	Balt	to., 1	MD	21201	
-		TYPE OR PRI	NIV.						ADDRESS_								
23	10. BU	RIAL, CREMA Irial	TION, REMOVAL 23		-		NAME OF CE				CITY C	CATION		C	OUNTY	s	TATE
2.		Jrlal NERAL DIREC		-8-8)	[11	1ghma	n Me	th.	Cemei	tery	Til	Lghm	an T	alb	ot	Md.
12	+ ru	NAME	, I OR		ADDRESS					KIRVE S	C'D, By	CHETRA	AR ZShiR	EGISTRAR'	#31GN	ATURE	

Easton, Md.

Newnam Funeral Home

144108	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
ECSSARY, PLEASE NERAL DIRECTOR FOR YOUR FILES WITHIN 72 HOURS PRESTON STREET.	1. DECEASED NAME FIRST COUNTRY? (TYPE OR PRINTED LEST CONTROL OF BIRTH DAY YEAR 15 HOURS DAYS FOURS MIN PORCED DEAD STATE OR FOREIGN COUNTRY). (TYPE OR PRINTED LEST COUNTRY YEAR 15 HOURS DAYS FOURS MIN PRONOUNCED DEAD STATE OR FOREIGN COUNTRY). (TO DATE KNOWN DAY YEAR 16 HOURS STATE OR FIRST DAYS FOURS MIN PRONOUNCED DEAD STATE OR FOREIGN COUNTRY). (TO DATE KNOWN DAY YEAR 16 HOURS STATE OR FOREIGN COUNTRY). (TO DATE KNOWN DAY YEAR 16 HOURS STATE OR FOREIGN COUNTRY). (TO DATE KNOWN DAY YEAR 16 HOURS STATE OR FOREIGN COUNTRY). (TO DATE KNOWN DAY YEAR 16 HOURS STATE OR FOREIGN COUNTRY). (TO DATE KNOWN DAY YEAR 16 HOURS STATE OR FOREIGN COUNTRY). (TO DATE KNOWN DAY YEAR 16 HOURS STATE OR FOREIGN COUNTRY). (TO DATE KNOWN DAY YEAR 16 HOURS STATE OR FOREIGN COUNTRY). (TO DECEASE NAME DAY YEAR 17 HOURS STATE OR FOREIGN COUNTRY). (TO
E ANY DEAY IS N. 2. SECOND BE PIED AS SECOND BE PIED AS RECORDS. 201 W. M. MCCORDS. 201 W. M.	11. NAME OF HOSPITAL, NURSING HOME, OR OT INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK IND OF BUSINESS OR INDUSTRY) Barber 120. USUAL OCCUPATION (TYPE OF WORK IND OF BUSINESS OR INDUSTRY) Barber Shop USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION, INSURE (ITY LIMITS? YES NO 122 Vesper Avenue 134. INSURE (ITY LIMITS? YES NO 135. STREET ADDRESS 212 Vesper Avenue 135. MIDDLE 14. FATHER'S NAME INSURE (ITY LIMITS? YES NO 15. MIDDLE 15. MIDDLE IAST
BALTIMORE, NO. SAFER DEATH URS AFTER DEATH WITH FORM PM TI PAGES 1 WING DIVISION OF VITH	Edward Donovan Lucy Alice Wright Control of the process Control o
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUSE EXECUTE THE CERTIFICATE, WRITING THE WORD." PENCIL NEW BAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FOR UNITED SED AS A BURIAL-TRANSIT FERM THE PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE BALTIMORE, MARYAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVED.	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (&) Canditions, if any, which gave rise to immediate cause (a) stating the underlying couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?
DIVISION OF VITAL I HIS CERTIFICATE SHOUL WRITING THE WORD "T ARDED TO THE CHIEF AGG S SHOULD BE USED ATE DEPARTMENT OF HIS 1201 PRÍOR TO BURIAL.	198. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 214 INJURY OCCURRED 1216 PLACE OF INJURY (AT HOME. STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK OF WHILE OF TWORK OF THE PROPERTY OF TWO COUNTY STATE
EDICAL EXAMINER: THE CERTIFICATE, VITETHE CERTIFICATE, VINWERAL DIRECTOR: P. DEATH, WITH THE STAWORE, MARYLAND, 2.	ACTUAL SIGNATURE EXAMINER'S NAME EXAMINER'S NAME The treathy that I task charge of the remains described above, held an Autopsy Michaels Md. 21663
BP DHWH - 17 (VR A12 WE (2)) 50W 4/85	EXAMINER'S NAM R. Lane Wroth, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial May 15,1985 Bloomery Cemetery Nr. Federalsburg, Caroline, Md. 24 FUNERAL DIRECTOR NAME Frampton-Hawkins ADDRESS Federalsburg, Md. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE MAY 22 1985 Alian Davidson Fonders

60;1103 The second secon trafficember - Britterill tou from t . Tufalaunta iliya a the court of the c St. Michaels, Sd. 21653 J. Land Agoric M.D. the continued and invested in the contract of Transport in the Company and the Company of the Com

STATE OF MARYLAND

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24 h			albot	Tilgh		NSIDE CITY LIMI		SONTOWN		271
tely f	_	ATHER'S NAME				OTHER'S MAIDE		ADDITION TO	Ku. / Z I I	37.1
ond Japa	T	oseph	WIDDLE	Dunlea	1737	Agnes	c	WIDDLE	Bov	AST C
5 0	160	VAS DECEASED EVER IN U.S.		166 SOCIAL SEC		IFORMANT	3	ADDRESS	boy_	
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g physical on paper emovol event, t		PART I. DEATH WAS CAL	JSED BY: DIATE CAUSE (a)_		Inde	don	Ha	y a		
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quires signe hen p to bur njury,	z	PART 2 OTHER SIGNIFICAN	NT CONDITIONS (CONTRIBUTING TO	DEATH BUT NOT	RELATIO TO THE	E TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART	la
- y in the	CERTIFICATION	190 DATE OF OPERATION	19h CON	DITION FOR WHIC	H OPERATION WA	SPERFORMED	20n Al	JTOPSY? 20b.	IF YES, WERE FIND	INGS USED
no. no. perm	IFIC						YES F	NOX)	ERTIFYING CAUSE	
N: The sysicio cate by reast transit Hygie	ERT	21a. ACCIDENT WAS UNDERLYING		OF INJURY	21c. I	HOW INJURY O	_	NATURE OF INJURY IN ITE		110
		OR CONTRIBUTING CAUSE OF	DEATH	a.m. month [p.m.	DAY YEAR					
HYSICIA Iding ph Ins certiff buriol-th Mental or Item	MEDICAL	214 INJURY OCCURRED	21e. PLACI	E OF INJURY	21f 1	OCATION		CITY OR TOWN	COUNTY	STATE
DING Ploor offer the second the second marked	Z	WHILE NOT WHILE AT WORK	(AT HOME S	TREET FACTORY, OFFICE	FARM ETC)	21KEE1		CIII OK TOWN	/ 2-	STATE
ADIN or use o ealth		22a.1 certify that (1) (this hi			115	. 19_	73 , to_	5-1	5 19 6	, that (we) last
priorition of H		saw the deceased always abave, (1) (we) (did) (did)	nor view the bad	y ofter death.	85 and that	in (my) (aur) ap	pinion death accu	irred an the date and	d have and from the	e causes stated
OR A DIREC DIREC Oched Dept.		22b. SIGNATURE	10.	0	DEGRE	/ /	wa lense	AL STAFF	22c. DAT	E SIGNED
		1 mg	an	~ 1	/ M		ING MEDIC	OR PHYSICIAN		-200
HOSPITAL FUNERAL sold be det h the State ORTANT:		274 PHYSICIAN'S NAME (II				ADDRESS				
TO HOSPITAL retoined by t TO FUNERAL should be det with the Signe IMPORTANT:		T.W. Faun				ston,				<u></u>
	23a. I	BURIAL, CREMATION, REMOVI (SPECIEY) CIAL			NAME OF CEMETE			CATION CITY OR TOWN	COUNTY	STATE
BP	_	CLAL UNERAL DIRECTOR	1 3-2	0-85 T:	ilghman			Tilghmar		
DHMH - 16 60M 7/B4		ewnam Funer	al Homo	ADDRESS H 2 C	ton, Md.	M	AY 2.2		Davidson-A	and all
(VRA 15, 4)	TA	ewitam runer	ar mome	шаэ	LUII, IIU.	101	11 11 63 44	000 . /		

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56040	FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE 5 4 2 CERTIFICATE OF DEATH REG. NO.								
9 9 6 9 1.		CEASED NAME Arth	u r	Ga	GARY	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 8:3	0				
ge 4 mo) ector po rs ofter d	3. SE	X	^{4. RACE} vh i te	5. DATE O	12 1913 YEAR	6 AGE (IN YEARS LAST BIR	IFUNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS YRS.	4 HRS MIN.				
nerol dir		RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT CO	UNTRY? 8. MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	B of	М				
by the fu	10. C	Easton	11. NAME OF HOSPITAL, MIFNOT IN SUCH FACILITY, G		at East	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF Yard	on Fyvorking life) 12b. KIND OF BUSINES INDUSTRY Lumberyar					
filled in nould be	13a :	AL RESIDENCE (IF NURSING HOME OF STATE) 32 COUR	VTY 13c. CITY	or town stertown		RFD Morg						
mpletely and 2 st)4 F/	Harry Gar	MIDDLE	LAST	15. MOTHER'S MAIDEN I	McGuire	tast					
Poges I	1	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	LO 0688	Rebecca (Gary Chest	Morgnec 216 ertown, Md.	20				
deoth certificate ottending physicic ove corbonpaper; tion, or removal oumatic event, the		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA Conditions, if ony, which	DUE TO, OR AS A CO	wirder	ti Hear	Den	APPROXIMALIE INTERVENCE ONSET AND E	AL				
that the a d by the a lease remain, cremat iol, cremat		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	nsequence of								
requires an signed Then pli or to buria	NOI	PAM 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	Parker	College to the te	rminal disease or con	DITION GIVEN IN PART 110					
he law ian. hos been it permit it permit inene price	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO	1 ?				
iclan: T g physici errificote iol-transi ratal Hygi tem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)					
offendin offer this of iter this of ste bur hand Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR' (AT HOME STREET, FACTOR		21f. LOCATION STREET	CITY OR TO	WN COUNTY ST	ATE				
spitol or CTOR. Af for use of Health 21 is ma		22a I certify that (I) (this hasp saw the deceased alive ar abave, (I) (we) (did) (did no		19 an	d that in (my) (aur) apını	n death occurred an the d	, 19, that (l) (wate and have and from the causes state					
REG ed ed		22b. SIGNATURE			DEGREE		22c. DATE SIGNED					

DHMH - 16 60M 7/B4

MPORTANT: If her

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL SPECIFY) Burial 5/24/85 24 FUNERAL DIRECTOR Willis Wells Funeral Home

Richard Manegold, M.D.

236 DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23c NAME OF CEMETERY OR CREMATORY Chester Cemetery

Chestertown

22e ADDRE

23d. LOCATION

REDICAL STAFF

Chestertown

5/28/85

Easton, Md.

Wn Md 216
REGISTRAN SIGNATURI 3 1985

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DHMH - 16 60M 7/84 (VRA 15, 4)

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ST. SICHARIS, COVE RU. KIO VISCA - BOOKKEFFER FURNITURE STORE

MARYLAND TALBOT ST. MICHAELS K COVERD. 21669

JOHN RICHARD LOQUAY CORNELLA BAYNARD

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RUBERT W. TREVER W. J. RT 50 R DUTCHMARS LANE SASTON, Rd.

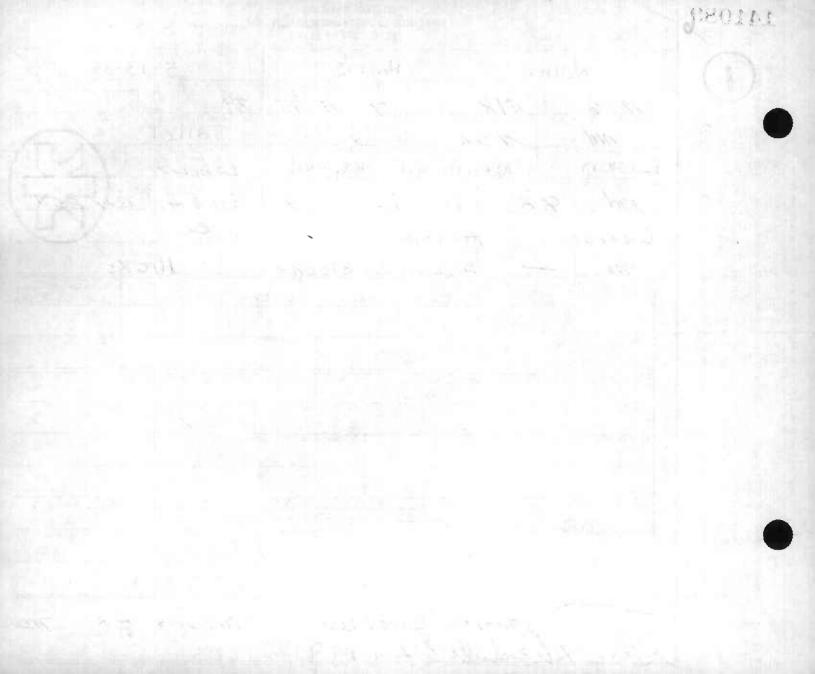
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STATE OF MARYLAND

141089	-	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5	64
	1 -	REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST Watter	and the constant of the consta	3-85 850 pm
	3 SE)	male	RACE 5. DATE OF BIRTH MONTH DAY YEAR 7 8. AGE (IN YEARS LAST BIRTHDAY) YEAR YEAR YEAR YEAR	IF UNDER LYEAR IF UNDER 21 HRS
nerol din		RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY WIDOWED DIVORCED 72 50	Y OF DEATH MD.
s ofter d	F	EASHON	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOSPITAL HOSPITAL 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LI Laborer Laborer	12b, KIND OF BUSINESS OR INDUSTRY
1.11ed in Gold be in	13a. 5	TATE ISE COUNT		Bay 350
ed within	JA FA	Charles "	15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
execut Popular		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS WAR OR DATES) 217.36.1712 Bloche Hic	Ks
physics physics movel meret.	100	PART I. DEATH WAS CAUSED IMMEDIATE	one cause per fine for (a), (b), and (c), BY:	BETWEEN ONSET AND DEATH Uncertain
that the death ce d by the attending lease remove corb ial, cremation, or		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	
uires signec nen pli	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI	VEN IN PART 110
in. hos been permit. The permit. The permit is no prior to the permit.	CERTIFICATION	190 DATE OF OPERATION	INCERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
ICIAN: The physicide errificote iol-tronsit into Hygice erri 18 gffe		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB	
ING PHYS	MEDICAL	71d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 216. LOCATION STREET CITY OR TOWN	COUNTY STATE
ATTENDIN Ispitol or CTOR: Af far use of far use or Healt		22a.1 certify the (1) this hospital saw the deceased alive on above, (1) (we) (did (did not)		19 85 that (I) we lost ur and from the couses stated
OR he he he borchecochec		Robert W.	Trever, M. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	5-14-85
HOSPII ined b FUNE buld be th the Si		22d. PHYSICIAN'S NAME (TYPE OR	PRINT) 220 ADDRESS RD 3 Box 297 Fast	ton, Md. 21601
Bb T Show W		URIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CHY OR LOWING HOLDS FOR A HILLS FOR &	COUNTY STATE
DHMH - 16 60M 7/84	24. FL	INERAL DIRECTOR	250. DATE REC'D: BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



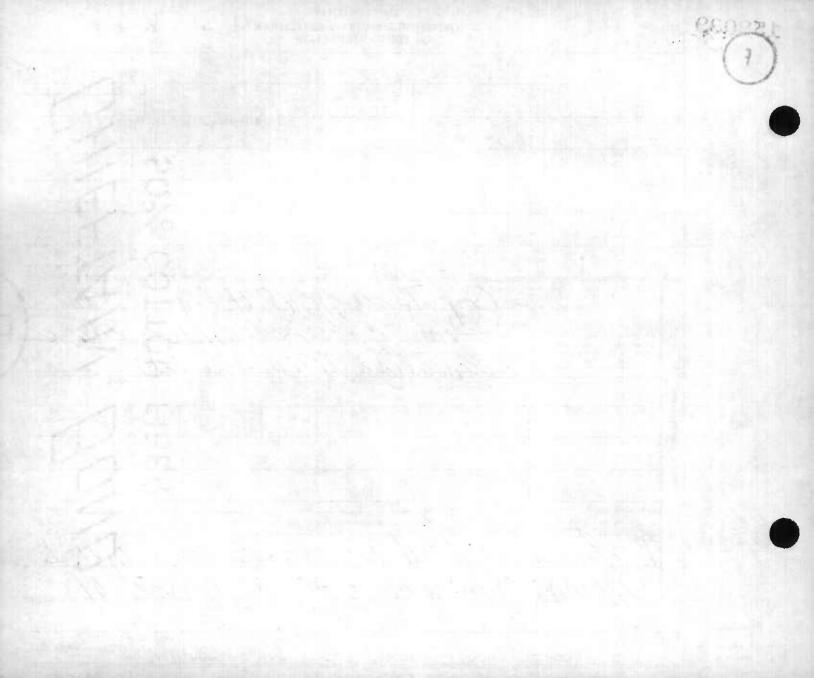
STATE OF MARY

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL NYGIENE

5 4 4

	REGISTRAR		CERTIFICATE OF DEATH	REG. N	10						
1	I DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR				
	ETHEL	S.	HARRISON		5	29 85	8:00PM				
	1.5EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS				
r	female	caucasiar	1 10 12 95		YRS	MONTHS DAYS	HOURS MIN.				
	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO		9 BALTIMORE CITY		Y OF DEATH					
l	Maryland	USA	WIDOWED DIVORCED	44 .			MD.				
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR				
ļ	Easton	Meridian	Center- The Pine								
ě	USUAL RESIDENCE (IF NURSING HOME OF 136 COU	INTY 13c. CITY	OR TOWN 13d. INSIDE CITY LIMI	TS? 13e.STREET ADDRESS	/ ZIP COD	DE					
l	Maryland Tall	oot Eas	ston YES 🗶 NO 🗆		ore	Ave./2	1601				
r	14 FATHER'S NAME	MIDDLE	LAST 15. MOTHER'S MAIDE	N NAME MIDDLE		LA	ST				
Z	Charles		Saunder Georg	eanna			rridge				
		IVE WAR OR DATES)	TAL SECURITY NO. 17 INFORMANT			Winton					
	NO	1219	9-07-0894 Doroth	y M. Bryan	East		. 21601				
ı	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one cause per me for to	11, (b), 9,000	0110		BETWEEN	ONSET AND DEATH				
		ATE CAUSE (a)	sale gangles	eleft les	7	100	ags				
		DUE TO, OR AT AC	INSEQUENCE OF A	114 . (21	10				
	Canditians, if any, which gave rise to immediate	100	majering V	Sp/iOM	17	$\times a$	131				
ľ	cause (a), stating the	DUE TO, OR A A	ONSEQUENCE OF								
	underlying cause last.	NIPY	resaling as 12	1100000	000						
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH OUT NOT RELATED TO THE	TERMINAL DISEASE OR CO	1DITION GI	IVEN IN PART 1	a.				
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19h CONDITION FO	R WHICH OPERATION WAS PERFORMED	I 20a AUTORSY2	20a AUTOPSY? ZOB IF YES, WERE FINDINGS USED						
ı	DATE OF OPERATION	178. CONDITION FO	WHICH OFERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?							
	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21/ HOW IN IURY OF	YES NOW		res	NO 🗌				
	OR CONTRIBUTING TO CAUSE OF DE	EATH HOUR A.M. MOI	NTH DAY YEAR	CCORRED (ENTER NATURE OF IN)	JRT IN HEM 18	PART TOR PART 2)					
	(IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJUR	Y 211 LOCATION		- 533		2004				
	NOI WHILE	(AT HOME STREET, FACTOR		CITY OR T	NWC	COUNTY	STATE				
	220.1 certify that (I) (this hasp	pital) attended the decease	ed from 19	to		. 19	that (1) (we) last				
	saw the deceased alive a		and that in (my) (our) ap	inian death accurred an the	date and ha		. , ,				
	Dave, (I) (we) (and told n	at) view the bady after dea	th. DEGREE			12% DATE	SIGNED				
	(Thomas	1/11/11	ATTENDIT			1/2	186				
f	2d. PHYSICIAN'S NAME (TYPE	PHYSICIAN DIRECTOR PHYSICIAN DE ADDRESS									
	(ITTHINA	Q / PAIC	HAN FASI	TON M	1	2/60	/				
	23a BURIAL, CREMATION, REMOVA	L 23b DATE	23¢ NAME OF CEMETERY OR CREMAT	ORY 23d. LOCATION							
	Burial	6-1-85	Spring Hill Cer	CITY OR TOWN	T.	albot	STATE				
	24 FUNERAL DIRECTOR		250	DATE REC'D. BY REGISTRA		TRAR'S SIGNA	Md.				
	Newman Fune		Faston Md	JUN 5 1985	11 una	Mandal Mark	Mandell				

DHMH - 16 60M 7/B4 (VRA 15, 4)



10	148146	11-	FOR STATE		DEPARTMENT OF		MENTALHYG		46	
10			REGISTRAR CEASED NAME FIRST	WE	MIDDLE	NER'S CERT	IFICATE OF D	REG		W. 10 110110
	W-1 440 .		E OR PRINT)	0	MIDDLE	11.00		OF ESTI-		CF ZO HOUR
	A SOCIETY OF THE SECOND	3. SEX	1. RACE	S. DATE OF BIRTH	6. AGE (IN	YEARS IF UNDER 1	YR. IF UNDER 24 H		MONTH DAY	YEAR 20 HOUR
	(Galana	Fe	male White	Nov. 29,	1966 18	YRS.	YS HOURS MIN		5-20-	85 635
17	103人を持つす		RTHPLACE IN A SEOR	76. CITIZEN OF W	HAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY OF DE	ATH
	製造を	1	Manyland	United	States	WIDOWED -	DIVORCED	- lalb	ot Co	•) MD.
	DELAY IS TO THE F RE FILED	pric	TY OR TOWN OF DEATH		SPITAL, NURSING HOA ACILITY, GIVE STREET ADDRESS		TITUTION 12a	FOR MOST OF WORKING LIFE)	OR II	OF BUSINESS NDUSTRY
	ADA MA	USU	RESIDENCE (IF IN NURSING HOME	Memo	RIA HOS.	PC Zas	spon 1	ecretary	Vest	inghouse
	D. 21201 IF ANY DELA 2, AND 3 TO 3, RETAIN SSHOULD BE	130 S	anuland Anne	Arundel	Pasadena			37 South Co	nolina Ave.	(21122)
	E. MD.	14. F	ATHER'S NAME	MEDDLE	LASE	15. MC	OTHER'S MAIDEN N		LAI	
	DEATH GEST, AM PM		Donald	В.	Harrison,	$S_{R_{\bullet}} = S$	hirley	-	Clevin	ren
	N SSOPER	160. V	VAS DECEASED EVER IN U.S. A ES, NO CHUNKNOWN IN THE GR	RMED FORCEST 6 WAR ON DATES	166. SOCIAL SECUR		ORMANT O	ADDR		1.
	TON ST., BALT 24 HOURS AFI ITEM 1B. GIVE ILLONG WITH F ILL		18. CAUSE OF DEATH (Enter o		1 1-12-2	109 100	nald B. H	annison / j	37 South (ONIMATE INTERVAL
	HOUN A 18 AGE V	V	PART I DEATH WAS CAUS		William	ONUA	11/1	while	actwe	EN ONSET AND DEATH
	STOP N 17 PE NOVA		8100	DUE TO, 9	R AS A CONSEQUENCE	05/	11	M		
	MITHII NER NANS NANS TAL H		Conditions, if any, which gave rise to immediate	(b) (v	MILLA	uce	lain	/		
	MEN WENT		couse (a) stating the under lying cause last.	DUE TO, OI	R AS A CONSEQUENCE	OF				
	EXECUTION OF THE PROPERTY OF T		PART 2 DIHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	MINAL DISEASE OF COM	DITION CIVEN IN PART I	e1		
	RECORD TO BE EX PENDIN MEDICA D AS A E HEALTH	Z			The second to the se	WINNE BIJENJE OB CON	DITION DIFER IN PART 1	01.		
	MI REA	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OP	RATION WAS PER	FORMED?		20 AU	TOPSY?
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	A THE WEST OF THE	I CE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	HOUP A	MONTH DAY YE	AR AR	URY OCCURRED IE	DE LOOM	The the	mad
	DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPART	MEDICAL	214 INJURY OCCURRED		OF INJURY (AT HOME,	211 LOCATION	well li	siccy	naestr	very-
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WOOD TO FUNERAL EXAMINER ALONG WAS AFRENDATH. WITHIN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BAGTIMORE, MARYMAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	WE	WHILE AT WORK AT WORK	X Hiw	2/	KT 5	D 5	KIPTOM	Talbet	- Africa
	ATE. T		22a. I centily that look char	of the remains de	selbed above, pold on	Autopsy	, Inspection	Inquiry .	and in my opinion	9
	BE BE BE		death resulted from Not	got couses .	Acodent A	pricide . H	ogge J. y	determined manner].	
	CER OULD DIE WAR		ACTUAL K +1	1111/1	1/KRIKI	1117	the file		DATE 5.	79-64
	SET	1	SIGNATURE	m vi	nuvy	M.D	young	MEDICAL EXAMINER	SIGNED	21663
	A S S S S S S S S S S S S S S S S S S S		TYPE OR PRINT R.	Lane Wroth	h, M.D.	ADDRE	ssTalbo	t St. St.	Michaels, M	id.
	5X45A4	23a B	URIAL, CREMATION, REMOVAL	4.		EMETERY OR CREM		d. LOCATION	COUNTY	STATE AA
	BP	24 F	Burial UNERAL DIRECTOR	May 23,85			Pank DATE RECT	Glen Burnie	Anne Anur	idel I'ld.
	DHMH - 17 (VR A15 ME (5))		Nc Cully Funero	al Home P	tain & Tic		J	1 1005 20		d.00:
	20M 4/82		0 8	710	isadena, Md.	61126	MAY 2	4 1442	a Davidson-Par	rdelli

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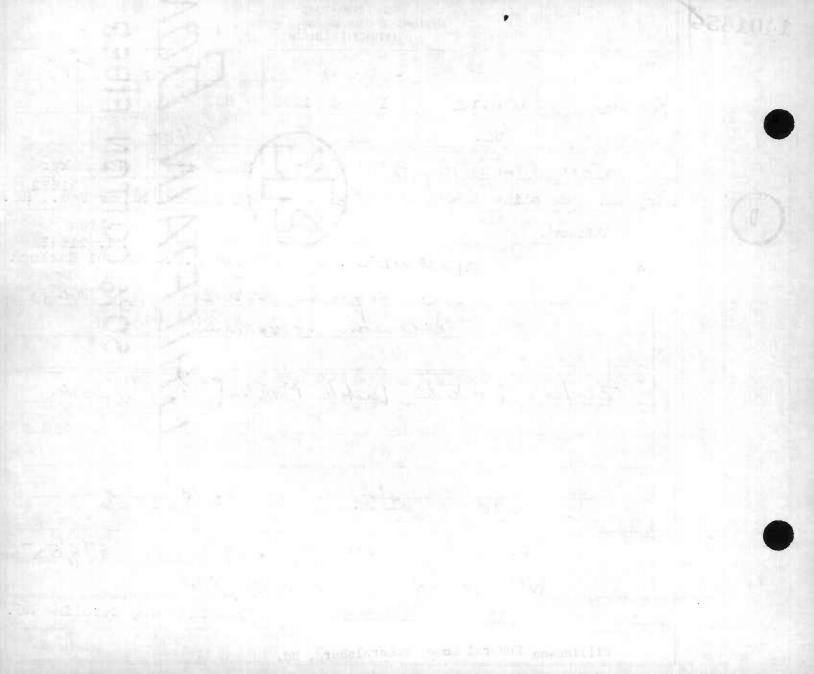
STATE OF MARYLAND

36. CHARLES DE TOMBRE LE STATE DE LA CONTRACTOR DE LA CONTRAC PARTIER THEBAT STITILIANES & AREKESTEE TENENCE 20 CYPE MOR JAUS No - 214 Control Thomas T Kones St. McLenker, No.

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ige 4 moy be ectar. page 3	3 SE	emale	1 RACE White	John S. Date C	n <u>So /)</u> DF BIRTH 6 6 189		5-8 . SIT SIRTHDAY) IF UNDER MONTHS	DAYS HOURS MIN.
rs ofter death. Per by the funeral dir	10 C	RTHPLACE (STATE OR FOREIGN COUNTY) Maryland TY OR TOWN OF DEATH E QSTO 1		MARRIEI WIDOWE NURSING HOME O VE STREET ADDRESS OSOS TO G	OR OTHER INSTITUTION	120 USUAL OCCUI	OST OF WORKING LIFET INDU	MD.
e exect to the 24 our ond on a state in Pages And 2 should be medicolexomine that	13a. S Ma. 14. FA	THER'S NAME FIRST UNKNOWN VAS DECEASED EVER IN U.S. AR	MIDDLE FEE	AL SECURITY NO.	13d NGDE CITY LIMIT SYES NO 15 MOTHER'S MAIDER 17 INFORMANT Mr. Carl	N NAME MIDD	DDRESS Ma	21632 r Fed., Md llen . 21643 61 Hurlock
that the death certificate be do by the attending physicial ease remove carbon papers, oil, cremation, or removal.		18 CAUSE OF DEATH LEnter or PART I. DEATH WAS CAUSE IMMEDIA. Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A OU	MILE OF	spirsty Pr	arres L commi		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH ONSET AND DEATH
DING PHYSICIAN. The low requires or ottending physicion. After this certificate has been signe e as the buriol-transit permit. Then p oith and Mental Hygiene prior to bur marked or frem 18 shows.any injury.	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY	WHICH OPERATION TH DAY YEAR OFFICE, FARM, ETC.	was performed	20a AUYOPSY? YES NOT	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH? NO PART ?)
TO HOSPITAL OR ATTENDIN retoined by the hospital or TO FUNERAL DIRECTOR. At should be detached for use o with the State Dept. of Health IMPORTANT: If them 21 is ma	23a	226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE C)	or view the body after death The ood (OR PRINT) VM H WOS 123b DATE	23c NAME OF C	DEGREE ATTENDIT PHYSICIA 272e ADDRESS EMETERY OR CREMATI	STON M	STAFF YSICIAN	DATE SIGNED
BP DHMH - 16 60M 7/B4 (VRA 15, 4)		Trial UNERAL DIRECTOR NAME Williamson	5/11/85 n Funeral Hom	Hillc:		DATE REC'D. BY REGIST	RAR 25b. REGISTRAR'S S	GIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH 26 HOUR LIYPE OR PRINTS 6:40 05 04 85 John Kenney FRANCIS 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS male 1897 caucasian Jan. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED New York WIDOWED DIVORCED [Talbot O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Meridian Center- The Pines Easton Engineer electrical JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION Oxford Talbot 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland #1. Box 162/21654 R.D. 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME LAST John F. Kenney Mary E. Bracken 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO LYES NO OR UNKNOWN 380-01-2924 Thomas A. Kenney W.W. yes see item 13 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEC Conditions, if any, which gove rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 270 Learning (1) (this hospital) attended the deceased from decresed alive on. and that in (my) (our) apinion death accurred on the date and hour and from the couses stated (did) (did not view the body after death. 22c DATE SIGNED MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS Lawrence D. Bohan, M.D. Easton, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION

DHMH - 16 60M 7/B4 (VRA 15, 4)

cremation 24 FUNERAL DIRECTOR Newnam Funeral Home

5-6-1985

Delmarva Easton, Md.

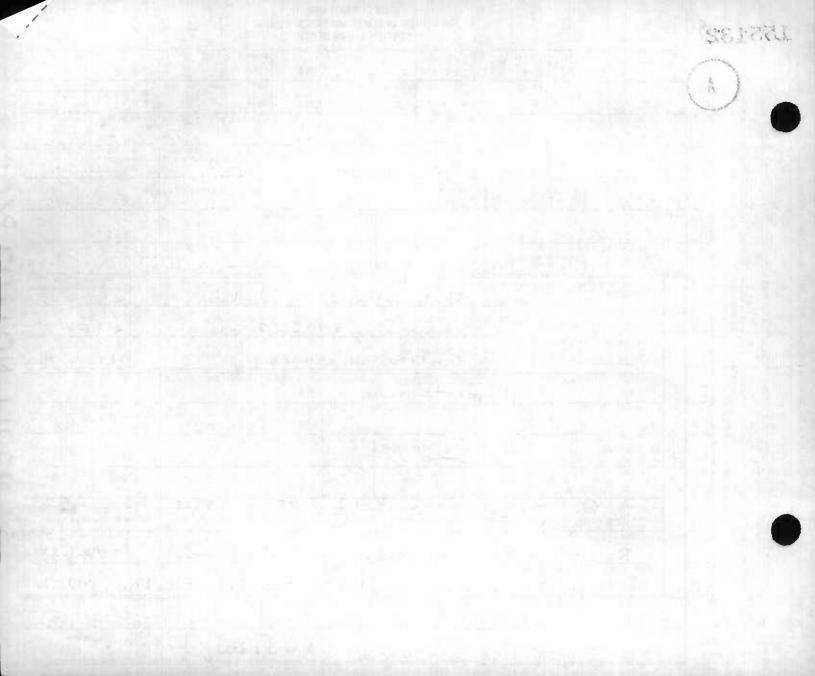
Lewes

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Sussex.

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STATE OF MARYLAND



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HA

GIENE CEPTIFICATE OF DEATH

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	REGISTRAR		CLRIII	CAIL OF DEATH	REG. N	0.				
	PECEASED NAME FIRST	WIDGLE	1	TL.	2a. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR 44		
3. S	EX HoThor	ADAM ADAM	5. DATE O	FBIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNE	DER I YEAR	IF UNDER HRS		
	male	caucasian	MONTH 9	12 14	70	YRS	S DAYS	HOURS MIN.		
7 70 1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF D	EATH			
	laryland	USA	WIDOWE		/al	bot		MD		
5	COSTOD	11. NAME OF HOSPITAL, NURSIN (IF NO SUCH FACILITY, GIVE STREE)		OSPITAL	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	DEWORKING LIFE) IN	DUSTRY	m Elec.		
USU 130	UAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13 STREET ADDRESS					
		bot Oxford		YES X NO	900 S. M	orris S	t./2	1654		
14. 6		MIDOLE LAST		15 MOTHER'S MAIDEN NA	MIGGLE		LAST			
160	Adalbert WAS DECEASED EVER IN U.S. AR	Latka MED FORCES? [166. SOCIAL SECU	RITY NO.	Valari		Ps.O.Box	aka			
	NO (IF YES, GIV	216-09-	1333	Clara E. L		xford.		21654		
7		ily ane cause per line far (a), (b), and		CIGIG B. B	o b	ALUIU.		NATE INTERVAL NSET AND DEATH		
1	PART I. DEATH WAS CAUSE	E CAUSE (a) Ventric	ula	Level 7 x	Vation	200				
	9/9/	DUE TO OR AS A CONSEQUE	NCE OF		0	1127		A.J. T		
	Canditions, if any, which	1 mthypox		encophale	pathy					
	gave rise to immediate cause (a), stating the DUE TO OR AS LEONSEOUENCE OF underlying cause lost									
1										
z	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	DEATH BUT	NO PELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART Tro			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEF	RE FINDING	GS USED		
1 1					YES NOX	IN CERTIFYING YES	CAUSES (OF DEATH?		
E E	210 ACCIDENT WAS UNDERLYING	THE PARTY OF THE P	Y YEAR	21c HOW INJURY OCCUR		RY IN ITEM 18 PART I O	R PART 2)			
₩.	OR CONTRIBUTING CAUSE OF DEA		198	Trapped	under C	ar				
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	ARM ETC)	211. LOCATION STREET	CITY OR TO	IMN C	OUNTY	STATE		
-	AT WORK AT WORK	900 S. Morris	ST	170M.200P	x0 182	ford T	Todle	MO		
	220.1 certify that (1) (this haspi saw the deceased alive an	tal) attended the deceased from _	5/	11.195, 19		19	t)	hat (I) (we) last		
	obove, (I) (we) (did) (did no			d that in (my) (aur) opinian	death accurred on the d					
	28 SIGNATURE	V= 0.		ATTENDING	MEDICAL STA		DATE S	IGNED		
4	224. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS	DIRECTOR PHYSIC	IANL	3/6/1	רא		
	12. Thomas Die	ilo M.D.		404 Mary	el Court	East	on	Md		
230.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	IAME OF CI	EMETERY OR CREMATORY	23d. LOCATION			CHAR		
	Burial	5-30-85 Pa	rkwoo	d Cemetery	Baltimo	re Bal	to.	Md.		
24	FUNERAL DIRECTOR	ADDRESS		25a	AYC 3 BYRE THE	256 REGISTRAR'S		RE andlesse.		
	Newnam Funer	al Home Eas	ton,	Ma.	-500	V				

DHMH - 16 60M 7/8 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 137037 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN TYPE OR PRINTS ESTI-Walter DEATH MATED SON 3 SEX AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 2-16-1917 male white 68YRS To BIRTHPLACE (STATE OF b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Onio U.S. WIDOWED DIVORCED Talbot ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Memorial Hospital FOR MOST OF WORKING LIFE)
salesman OR INDUSTRY Easton mattress USUAL RESIDENCE (IF IN NURSING) 30 STATE Lubbock 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Texas Lubbock 74th St 79424 SH 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME William P. Lawrinson LAST Helena Banning 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 149 SOCIAL SECURITY NO INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no Walter Lawrinson Wash., D.C CAUSE OF DEATH (Enter only one cause per BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate couse (a) stating the under lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) KI. CERTIFICATION USED AS 19n DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BUR YES [] NO [BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE AGE 4 SHOULD DE OF EUNERAL DIRECTOR: PARTIEN WITH THE ST NALTIMORE, MARYLAND, S 220. I certify that ok charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted fo ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAM Lane Wroth, M.D AFTER I TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION Buria1 COUNTY STATE All Souls Cemetery 5-15-1985 Chardon Geauga Ohio 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE (VR A15 ME (5)) Newnam Funeral Home Easton, Md ma Daydoon 20M 4/82

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

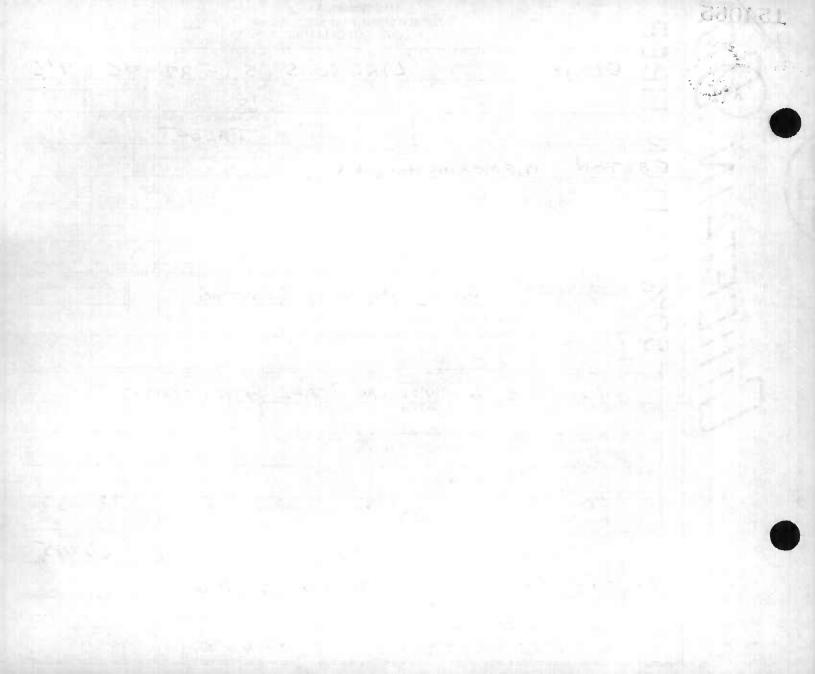
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616	COUNT			F WHAT COU	MARRIE	D NEVER MARRIED			Y OF DEATH					
12		ISYLVANIA		5.A.	WIDOW									
10		R TOWN OF DEATH	(IF NOT IN SE	UCH FACILITY, GIVE	E STREET ADDRESS)	OR OTHER INSTITUTION								
10		ASTON			IL Hass	pital		HOM	EVAKER					
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dicol		DECEASED EVER IN U.S. AF	RMED FORCES?		L SECURITY NO.	17 INFORMANT RAUN	O. LINDR	OSS . J	IR.					
me	I.	OP UNKNOWN) (IF YES, GI		212.1	6.9098A	1301 S. LINCO	LN AVE. V	INELAN	D. N.J	. 0836				
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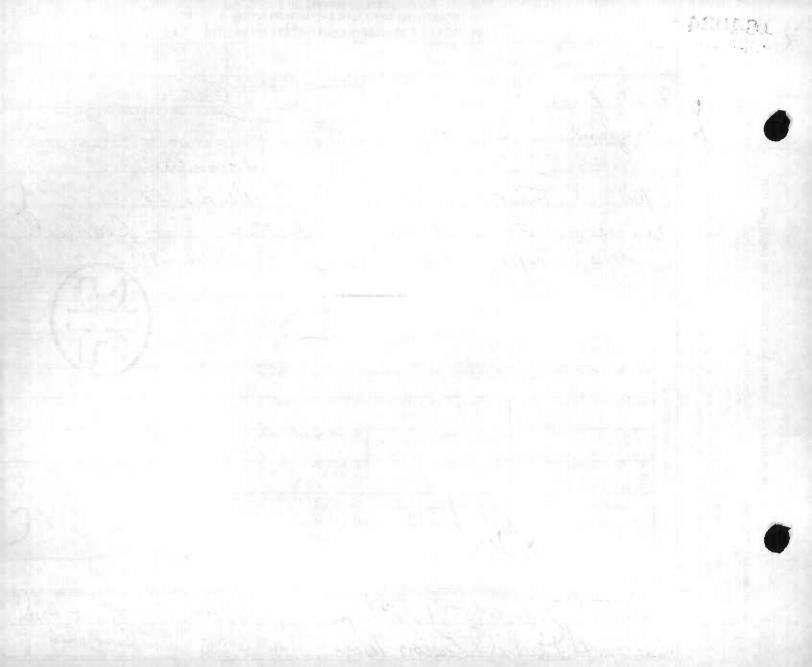
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	230. B	URIAL, CREMAT	ION, REMOVAL 2			ME OF CEMETER			23d LOCATION		COUNTY	STATE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7	/	Ralph		E.	Ober			aura		MIDDLE		_				
6		AS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	17 INFORMAN			ADDRESS			2011			
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1	CAL	(IF EITHER NOTIFY MEDI			M.	19	660									
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	-	220 I certify that (1)	(this haspi	tal) attended th	e deceased fram_			19 8 2	, to	5	17, 19.	8)	that (1) (we) last			
	W	saw the deceas	ed alive an	t) view the body	5 17 105	5 . ar	nd that in (my) (our apinian o	death accurred	on the date	and have an	d fram the	causes stated			
-	- 4	77h SIGNA LIRE	1010110	621	offer death.		PEGREE					224 DAJE	SIGNED			
1	V.	WY	Len	alle	-dh	W	7	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF	V \Box	5/2	24/85			
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		URIAL CREMATION	MOVAL	73b DATE	73c N	NAME OF C	EMETERY OR C		23d LOCA	TION		V				
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DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

Respiratory Pailure
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARIE

17 INFORMANT

211 LOCATION

and that in (my DEGREE

22e ADDRESS

REG. NO 20. DATE OF DEATH 26 HOUR 20 10 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 11 BALTIMORE CITY OR COUNTY OF DEATH DIVORCED [12b. KIND OF BUSINESS OR INDUSTRY Sales Rep. Dental Supply 13e STREET ADDRESS / ZIP CODE 610 Windmill Road/21601 15. MOTHER'S MAIDEN NAME BERGMAN ADDRESS Pauline Rankin see 13e. APPROXIMATÉ INTERVAL BETWEEN ONSET AND DE TVOCARDIAL 1776DIATE 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN Fernwood Cemetery

DHMH - 16 60M 7/84

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MPORTANT

24 FUNERAL DIRECTOR (VRA 15, 4)

Burial

22d PHYSICIAN'S NAME

230. BURIAL, CREMATION, REMOVAL

Newnam Funeral Home

5-22-85

Easton, Md.

Fernwood WAY 23

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Resident State

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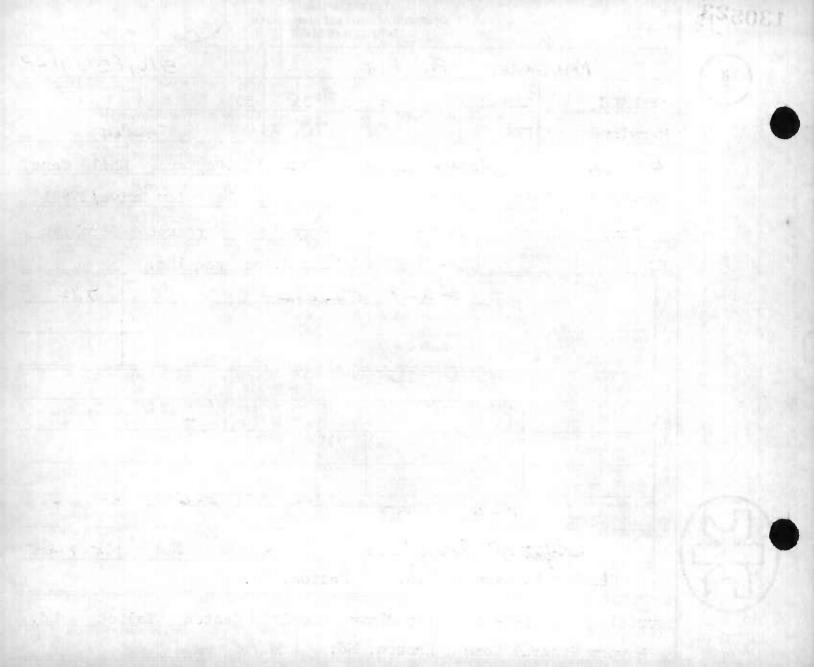
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Newnam Funeral Home

(VRA 15, 4)



(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE

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Soul -		CEASED NAME FIRST	(MIDDLE (LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
6 1 1		ARTHA ROSE ST	OCUM/a.k.a.BE	TTY SLOCIM	5	20 85 8:35AM
F 39	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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Pag hour	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
nero nero	M:	Chigan	USA	WIDOWEDX DIVORCED	Talbot	MD.
er de fo		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
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hou hou	USU J3a.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW		13e STREET ADDRESS / ZIP CO	DE OLGOGO
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within 12 sl	14 F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
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on use of the free free free free free free free fr		sow the deceased alive or	5/20 19	, and that in (my) (our) apinion	death occurred on the date and h	
RECT RECT ed fo pt. o		above, (I) we) (did) (did no 22) SIGNATURE	ot) view the body ofter death.	DEGRE		22c DATE IGNED
the Office of the Design of th		10000	The Hos	ATTENDING	MEDICAL STAFF	5/20/85
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etoined by TO FUNER should be a with the Sit		AUNGETT	DAW KINS	THE CAR ST	man 1	17 TOL 21601
shour with	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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DHAM MARKET	_	UNERAL DIRECTOR		25a DA	TE REC'D. BY REGISTRAR 256. REGI	ISTRAR'S SIGNATURE
DHMH - 16 60M 7/B4		Newnam Fune	ral Home DEas	ston. Md. MAY	22 1985 Shield	endson-Randoll

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

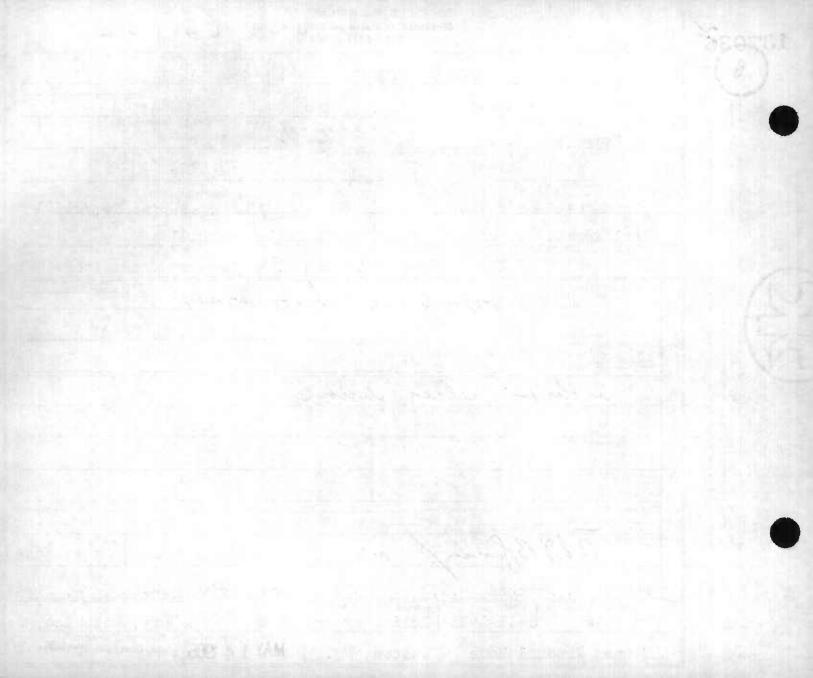
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101	1 DECEASED N	NAME FIRST	MIDDLE	LAST	2a. DA	TE OF DEATH MONTH	DAY YEAR	2h HOUR
(b)	(TYPE OR PRINT)	MARGA	RET TEACKLE	STURGIS	1	May 11, 1	985	1 A. M
	3. SEX	1 1	4 RACE	5. DATE OF BIRTH		[IN YEARS LAST BIRTHDAY]	IF UNDER I YEAR	IF UNDER 24 HRS
Se 4	fema	le	caucasian	Dec. 3, 19	905 7	9	RS MONTHS DAYS	HOURS MIN.
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nerol na 72	New	York	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED			Talbot MD.		
s ofter d by the fu iled with	East	ON OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Dixon House			126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY		
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execu	IYES NO OR	ASED EVER IN U.S. AF			ne K. McV		200 i	tom 12
ion or is. Pe			nly one cause per line for (a), (b)		ie K. MC	MIOILEI	see i	IMATE INTERVAL ONSET AND DEATH
equires that the death certificate in signed by the attending physici. Then please remove carbon paper it burial, cremation, or removal, injury, or other traumatic event, the	gove couse underly PART 2.	ons, if ony, which rise to immediate (a), stating the ring cause last.	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)	OUENCE OF	TO THE TERMINAL DI		GIVEN IN PART 1	0
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OR ATT the hospital DIRECTO Sched for Dept. of If them 21	abo	the deceased alive or ve, (I) (William) (did no NATURE	t) view the body after death.	9, ond that in (my) (c	our) opinion death or		22c. DATE	SIGNED
PITAL by th ERAL Stote	214 BUV	SICIAN'S NAME (TYPE	vo Janeary	PH 122e ADDRESS	HYSICIAN DIREC	CTOR PHYSICIAN	5-	-11-1985
TO HOSPITAL TO FUNERAL should be deter with the Stote	Rol	pert B. S	anchez, M.D.	322 C	Commerce	Drive E	aston, N	1d. 21601
F - 2 2 4	23a BURIAL, C	REMATION, REMOVAL		3c. NAME OF CEMETERY OR CR	REMATORY 23d	LOCATION	COUNTY	STATE
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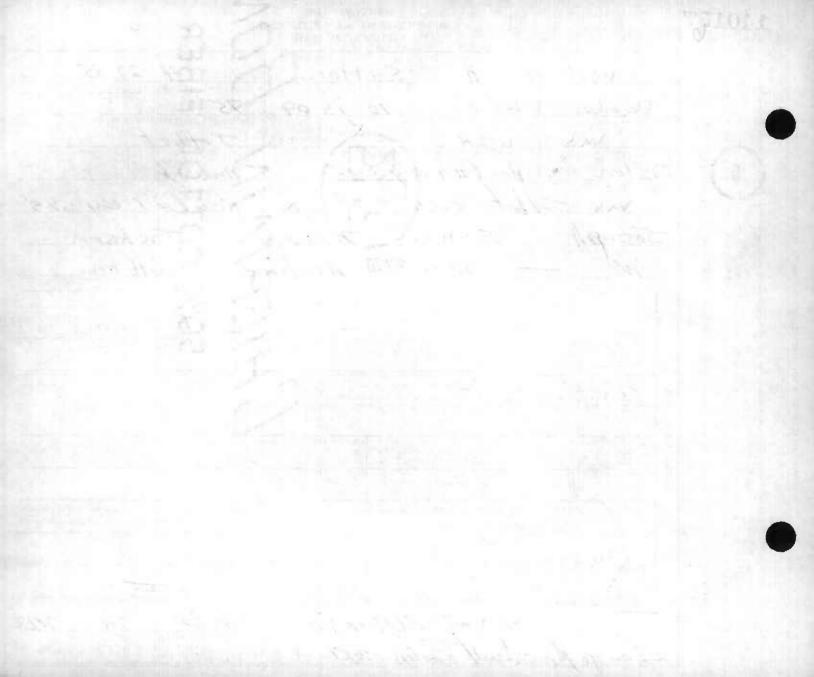
Newnam Funeral Home

Easton, Md.

MAY 1 4 1985 June James Andres



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the hos the hos at Directed lefoched ite Dept.		TA SIGNATURE	O BIGH	ATTENDING	MEDICAL STAFF	The DATE SIGNED
HOSPIT, ained by FUNER, ould be d th the Sto	1	174 PATTECIANS NAME (1996)	D. Bohan M.	R+ 3 Bo	x 106 80	ston Md 21401
BP		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
OHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	Terro Kh	Ex hull some	ten med 25a DA	AY 1 6 1985	REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

death certificate be

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL EXGIENE CERTIFICATE OF DEATH

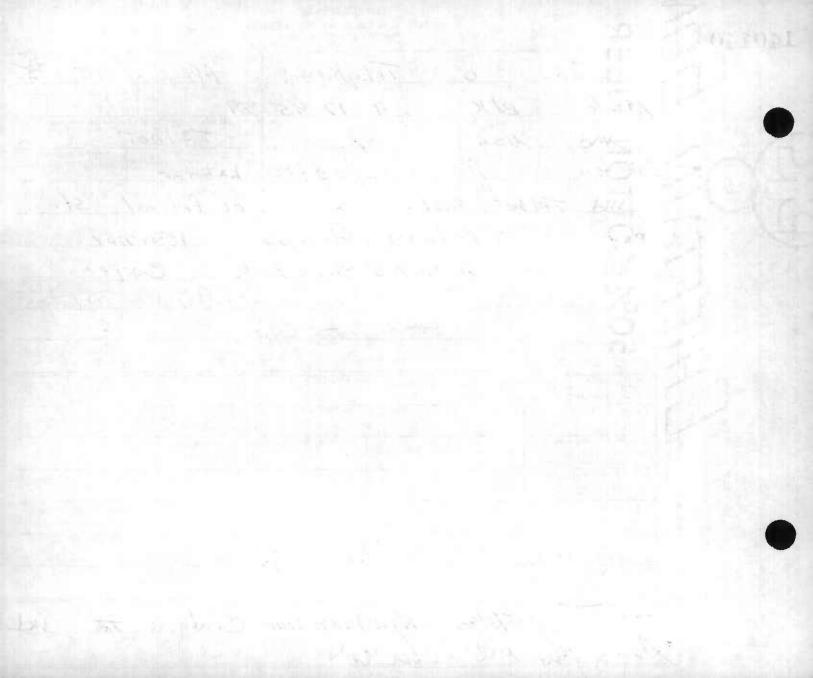
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or		COUNTRY)	CHIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	Th	16+
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(VRA 15, 4)

TO HOSPITAL



7 1	- 5	OR STATE SEGISTRAR	ME	DEPARTMENT OF	HEALTH	AND MENTAL H	les les	6 5	
		EASED NAME FIRST PRINT)	HUDNET	TYLER		LAST	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEA	2b, HO
	sex Fe	male Cauc.	5. DATE OF BIRTH		DAY) MONT	NDER 1 YR. IF UNDER		MONTH DAY YE. 5 188	AR 2d. AC
	FOR	THPLACE (STATE OR EIGH COUNTRY) Laryland	7b. CITIZEN OF W	HAT COUNTRY?	8. MARR	IED NEVER MARRIE	ED U	OR COUNTY OF DEATH	101
	10. CITY OR TOWN OF DEATH Wittman		Sewe	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Sewell Pt. Road 21.676 120. USUAL OCCUPATION (TYPE OF WORK IND USER) OR INDUSTR Bookkeeper Constr					
130	o. ST	aryland Ta	E OR OTHER INSTITUTION, GINTY 1bot	Wittma	114	YES NO 💢		. Rd. 2	1.676
		Theodore	Hudnet	LALY			lia Gerhard		
16	(YE	AS DECEASED EVER IN U.S. AS NO. OR UNKNOWN) NO (IF YES, GI	VE WAR OR DATES)	21.6-40-	markette	Walter	R. Tyler Jr	1 21676	Md.
Caron	N N	PART 2 DIHER SIGNIFICANT (DINDITID		BUT NOT RELATED TO THE TEN			VT 1 (o).	20. AUTOP	
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1	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION STREET	CITY OR TOWN	COUNTY	STA
		22s. I certify that I took the death resulted from that ACTUAL SIGNATURE	the remains de	Accident , S	Autop	Inspection	Undetermined monner	DATE SIGNED	7-8
730			I an DATE	Vroth M.D			Michaels, Ma		1663
		RIAL, CREMATION, REMOVAL Burial NERAL DIRECTOR	May 1.8			1 Cemeter	CITY OR TOWN	lbot Maryl	and
	1	tempolo E à	CANU-IN	At mie	Rosle	MENAY 2		widon-Rundall	d ()

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			DR PRINT)	,	MIDDLE	-	7	20 DATE KNOWN OF ESTI-	MONTH D	DAY YEAR 26 HOUR
	ET SES.		pour)	1	Le	real	DEATH MATED	0 3 11	1985 58° M
	SEC SEC	3 SEX	1 RACE	5. DATE OF BIRTH	YEAR , LAST BIR		NDER I YR. WE UNDE	P 24 HHS 2c. DATE PRONOUNCED	MONTH D	DAY YEAR 2d HOUR
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1	ELM S NEGSSARY, PLEASE TO HE FUNERAL DIRECTOR. PACE S FOR YOUR FILES BENED, WITHIN 72 HOURS S 201 W PRESTON STREET.		eralsburg, Md.	U.S.A.		WDOV		- 1 - 11	Irot.	MD.
	BEEF S		OR TOWN OF DEATH	11 NAME OF HOSE	PITAL, NURSING HO		HE HISTITUTION	120. USUAL OCCUPATION	TYPE OF WORK 12h	KIND OF BUSINESS OR INDUSTRY
	A HAREA	15	notre!	(IF NUM IN SUCH FAC	ILITY, GIVE STREET ADDRES	10/		FOR MOST OF WORKING LIFE) Housewife	(Own Home
15 1	O m = O m	USUAL	RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV		ISSION)			0	11 200
21201	ANNA	13e STA	ATE Md 19 Ca	roline	Tederel	ibrarg	13d. INSIDE CITY LIMITS?		d Road	1600
MD.	T PSON	4. FAT	HER'S NAME	MIDDLE			15. MOTHER'S MAIL	DEN NAME		LAST
, A	京品を発力し		Elmer F. Shufe		LAST		Lura McM			(AS)
NO NO	8857 A	16g, W/	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS	
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ST.	24 HOURS OTEM 1B. G ONG WIT PERMIT. P. SIENE, DIV		PART I DEATH WAS CAUSE	D BY:	in letter	1 60	ma		-	24 hrs
O N	124 HO ITEM 1 LONG PERMI GIENE, VAL.		IMMEDIA	TE CAUSE (o)	AS A CONSEQUENCE		,,,,,			21100
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WORE DARGE 4 SHOULD BE FORWARDED TO THE CHAPTER DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF TH		220 I certify that I took charge	ne of the remains desc	rihed ahove held o	n Autop	osy Inspect	ion . Inquiry .	ond in my opinio	0.0
	A S S S S S S S S S S S S S S S S S S S			ral causes .	Accident	Suicide	Homicide	Undetermined manner	7	
	RECONSTRUCTION OF STREET		deom resolved from	1	1000	Soleide L	TITLE (SPECIEY)	onderermined monner		
	W.Y.		ACTUAL XQ1	lis Ala	Velta		Al De	6	DATE	5-11-85
	SHORE SHOW	1	SIGNATURE VICE	. 0	11/11		5	MEDICAL EXAMINER	SIGNED_	
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH		EXAMINER'S NAME (TYPE OR PRINT)	eur S.	WEM	1	ADDRESS EL	ston ma		
	TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE BATTIMOI	23 e. BUI	RIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF	CEMETERY C	OR CREMATORY	23d. LOCATION		
		(SPI	ECIFY)	May 14.19				CITY OR TOWN	County	STATE
	BP		NERAL DIRECTOR	11ay 14,190	Federals		MA 23e. DAT	E REC'D. BY REGISTRAR 1266 R	EGISTRAR'S SIGN	ine Md
	DHMH - 17 (VR A15 ME (5))		mptom-Hawkins	Funeral H	ome. 216 N	Mai	n St. MA	1 1 6 1985 guille	wildow-	Manage
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